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## Poverty Point Reservoir District Board of Commissioners

<b>Name</b>	Poverty Point Reservoir District Board of Commissioners				
<b>Contact Person</b>	Mr. Mike Martin - President				
<b>Mailing Address</b>	Post Office Box 811 Delhi, LA 71232				
<b>Phone Number</b>	318-878-5573				
<b>Fax Number</b>	--				
<b>Board Email</b>	mmartin@hmvcpa.com				
<b>Website</b>	--				
<b>Legal Authority</b>	Louisiana Legislature				
<b>Year Created</b>	1992				
<b>Organizational Placement</b>	District				
<b>Purpose/Function</b>	Construction and over sight of the Poverty Point Reservoir.				
<b>Number of Entity Members:</b>	Number Authorized: <b>4</b> Number Currently Serving:				
<b>Number of Entity Meetings:</b>	Actual number in prior year: <b>5</b> Estimated number in current year: <b>5</b>				
<b>The Entity is:</b>					
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Not fully organized <input type="checkbox"/> Disbanded <input type="checkbox"/> Never fully organized					
<b>Do members receive per diem, salaries, and/or travel expense reimbursements?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Excluding member per diem, salaries, and travel expense reimbursements, does the entity receive or expend funds?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Entity Member Per Diem:</b>					
Amount Authorized: <b>\$0</b> per meeting                                      per meeting day                                      per day spent on board business                                      None					
<b>Total entity member per diem:</b>					
Prior year actual: <b>\$0.00</b> Current year budgeted: <b>\$0.00</b>					
<b>Entity Member Salaries:</b>					
Prior year actual: <b>\$0.00</b> Current year budgeted: <b>\$0.00</b>					
<b>Entity Member Travel Expense Reimbursement:</b>					
Prior year actual: <b>\$0.00</b> Current year budgeted: <b>\$0.00</b>					
<b>Number and Type of Authorized Employee Positions:</b>					
Classified: 0 Unclassified: 0 Part-time: 0					
<b>Entity Fiscal Year End:</b>					
4/30      7/31      10/31      Other (identify date)					
6/30      9/30      12/31      None					

**Participation in State Employee Benefit Programs:**

**Employees:**

participate in state retirement system(s) and/or state group insurance program(s)

do not participate in state benefit programs

**Members:**

participate in state retirement system(s) and/or state group insurance program(s)

do not participate in state benefit programs

**A state agency provides: (Check all that apply and identify the state agency)**

Per Diem Payments      State Agency:

Travel Reimbursements      State Agency:

Other (explain)      State Agency:

**Is this entity a budget unit or included within a budget unit of the State of Louisiana as defined by LSA-R.S. 39:2?**

Yes      No

**If yes, identify the budget unit and the budget schedule number below:**

Budget Unit Name:

Budget Schedule Number:

**Notes**

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